

**TNED USE ONLY:**

Census Tract: _____
Preference: _____

HEAD OF HOUSEHOLD'S FULL LEGAL NAME:

Street Address: _____

Home Telephone #: _____ Message Telephone #: _____ (_____)

- ◆ Type of residence to be rehabilitated: ☐ Single-family house ☐ Townhouse/Condo ☐ Mobile Home
- ◆ How many bedrooms are in your residence? _____bedrooms
- ◆ Are you the legal title holder to this residence? ☐ Yes ☐ No
- ◆ How long have you owned this residence? _____years _____months
- ◆ How long have you physically occupied this residence? _____years _____months

	Last Name	First Name	MI	Relationship	Birthdate	Age	Sex	Social Security Number
1.				SELF				
2.								
3.								
4.								
5.								
6.								
7.								
8.								

If yes, explain: _____

Family Member	Source and Type of Income	Gross Monthly Income	Gross Annual Income
Gross Total:		\$	\$
This line to be completed by City of Tempe →		Percent of AMI:	%

If yes, explain: _____

[illegible]

D.

Do you own any other real estate? Yes/No _____
If yes, describe: _____

E.

Have you sold, given away or quit claimed any property or other assets in the past two years? Yes/No _____
If yes, describe: _____

F.

Have you ever received rehabilitation assistance in the past? Yes/No _____
If yes, what is the name and address of the agency that provided assistance? _____

When was assistance received? _____
Address assistance was used on: _____

G.

List other names you have used in the past or are currently using, including maiden and/or married names: _____

H.

List other Social Security Numbers you have used in the past or are currently using: _____

I.

The following information is being requested to comply with Equal Opportunity requirements and to assure that no Discrimination occurs. Your answer will not affect your selection for the program.

Please check the race and ethnicity of the Head of Household:

Race:

☐ White ☐ Black/African American ☐ Black/African American & White
☐ American Indian/Alaska Native ☐ American Indian/Alaska Native & White
☐ American Indian/Alaska Native & Black ☐ Asian ☐ Asian & White
☐ Native Hawaiian/Other Pacific Islander ☐ Other

Ethnicity:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.

I/WE CERTIFY THAT I/WE HAVE ANSWERED ALL THE QUESTIONS IN THIS PRE-APPLICATION FULLY AND TRUTHFULLY. I/WE UNDERSTAND THAT ANY FALSE STATEMENTS OR INFORMATION CAN RESULT IN A DENIAL OF ASSISTANCE.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

NEIGHBORHOOD ENHANCEMENT AGENCY USE ONLY:

A.

PREFERENCE NUMBER: (circle one)

1 -Apache Blvd Preference area (Census Tracts: 3191, 3192, 3193)

1 -Westside Preference area (Census Tracts: 3188, 3189, 3197.04)

1 -East Rio Neighborhood (Within Census Tract 3184: N of Curry, W of Miller, S of Weber, E of Rural)

2 -Citywide; Outside of above designated Preference areas

B.

INCOME LIMIT:

30%
EXT. LOW

50%
VERY LOW

60%
LOWER

80%
LOW

OVER 81%
ABOVE MEDIAN/OVER INCOME

C.

DETERMINATION:

ELIGIBLE

INELIGIBLE

D.

COMMENTS OR OBSERVATIONS:

E.

REVIEWED BY:

Signature of Neighborhood Enhancement Staff

Date

